Please type a plus sign (+) inside this box  $\rightarrow$  +

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number											
TRANSMITTAL			Application Number	er	10/811,681						
FORM			Filing Date		03/29/2004						
(to be used for all correspondence after initial filing)			First Named Inven	tor	Russell J. Memory						
			Group Art Unit		3671						
			Examiner Name		Christopher J. Novosad						
Total Number of Pages in This Submission			Attorney Docket Nu	mber	FC0072-2						
ENCLOSURES (check all that apply)											
X Fee Transmit	Fee Transmittal Form Assi				After Allowance Communication to Group						
X Fee At	tached	Drawing	g(s)		Appeal Communication to Board of Appeals and Interferences						
X Amendment /	Reply	Licensi	ng-related Papers		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)						
After F	inal	Petition			Proprietary Information						
Affidav	rits/declaration(s)		to Convert to a nal Application		Status Letter						
X Extension of Time Request		Power of Change Address	of Attorney, Revocation of Correspondence		Other Enclosure(s) (please identify below):						
Express Abandonment Request		Terminal Disclaimer			Return Postcard						
Information Disclosure Statement		Request for Refund									
Certified Copy of Priority Document(s)		CD, Number of CD(s)									
Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53		Remarks									
	SIGNAT	URE OF APPLI	CANT, ATTORNEY,	OR AG	ENT						
Firm	William T. Kryger				·						
or Individual name	Boyle Fredrickson N	lewholm Stein &	Gratz, S.C.								
250 East Wisconsin Avenue, Suite 1030											
	02										
Signature	Day										
Date	Date December 20, 2004										
CERTIFICATE OF MAILING											
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:  Mail Stop – Box Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.  December 20, 2004											
Type or printed name	e Thomas P. Vita	ı, Jr.									
Signature		<del>\\\</del>		Date	December 20, 2004						

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time your are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/17 (10-03)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

	L	Complete if Known									
I FEE TRANSMITT	ľ	Application Number 10/811,681									
ILL INANSMITTAL				ate		03/29/2004					
for FY 2004				amed Inv	entor	Russell J. Memory					
101112007				ner Name		Christopher J. Novosad					
Effective 01/01/2003. Patent fees are subject to annual rev		Art Unit			3671						
Applicant Claims small entity status. See 37 CFR 1.27				Attorit							
TOTAL AMOUNT OF PAYMENT (\$) 120.00			Attorney Docket No. FC0072-2								
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)									
X Check Credit card Money Other None	3. A	3. ADDITIONAL FEES									
	Large Fee	Fee Fee	Small Fee	Small Entity Fee Fee Fee Description F							
X Deposit Account Deposit	Code	(\$)	Code	(S)	Commelton						
Account Number 50-1170	1051	130	2051	65	Surcna	rge – late filing	iee or oath				
Deposit Account Boyle Fredrickson Newholm Stein & Gratz S.C.	1052	50	2052	25	Surcha cover	rge – late provi sheet					
Name The Director is authorized to: (check all that apply)	1053	130	1053	130	Non-E	nglish specificat					
Charge fee(s) indicated below Credit any overpayments	1812	2,520	1812	2,520	For filin	g a request for					
X Charge any additional fee(s) during the pendency of this application	1804	920*	1804	920*		sting publication					
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805	1,840*	1805	1,840*		sting publication ner action					
FEE CALCULATION	1251	110	2251	55	Extens	ion for reply wit	120.00				
1. BASIC FILING FEE	1252	420	2252	210		ion for reply wit					
Large Entity   Small Entity	1253	950	2253	475		ion for reply wit					
Fee Fee Fee Fee Fee Description Fee Paid	1254	1,480	2254	740		ion for reply wit		វេវ			
1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005		ion for reply wit	nin titth month				
1002 340 2002 170 Design filing fee	1401 1402	330 330	2401	165 165		of Appeal brief in suppor	t of an anneal				
1003 530 2003 265 Plant filing fee	1402	290	2403	145	-	st for oral hearing					
1004 770 2004 385 Reissue filing fee 1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510		to institute a p	-	eeding			
1005 100   2005 80 Provisional lilling lee	1452	110	2452	55	Petition	n to revive – unavoidable					
SUBTOTAL (1) \$0	1453	1,330	2453	665	Petition	n to revive – unintentional					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSU	1501	1,330	2501	665	Utility i	ssue fee (or reis					
Fee from  Extra Claims below Fee Pa	1502	480	2502	240	Design	issue fee					
Total Claims -20**= X	1503	640	2503	320		ssue fee					
Independent Claims X =	1460	130	1460	130		ns to the Comm					
Multiple Dependent =	1807	50	1807	50		sing fee under					
Large Entity   Small Entity	1806	180	1806	180		ssion of Informa					
Fee Fee Fee Fee Gode (\$) Code (\$)	8021	40	8021	40	propert	ling each paten y (times number					
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing a (37 CF	a submission after final rejection  FR § 1.129(a))					
1201 86 2201 43 Independent claims in excess of	3 1810	770	2810	385	examir	each additional invention to be nined (37 CFR § 1.129(b))					
1203 290 2203 145 Multiple dependent claim, if not pa		770	2801	385		st for Continued Examination (RCE) st for expedited examination					
1204 86 2204 43 **Reissue independent claims over original patent	1802	900	1802	900		sign application					
1205 18 2205 9 **Reissue claims in excess of 20 and over original patent	)										
SUBTOTAL (2) (\$)		fee (spe	cify)								
** or number previously paid, if greater; For Reissues, see above		*Reduced by Basic Filing			Fee Paid SUBTO1			\$120.00	'		
SUBMITTED BY						Complete (i					
1	Re	gistration	No.	53,16			Telephone	414.225	0755		
Name (Print/Type) William Kryger	(A	(Attorney/Agent)			ال 						
Signature							Date	Decembe	er 20, 2004		

WARNUS: Information on this form play before public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1/27, The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.